

## ORIGINAL ARTICLE

# A Qualitative Study: An Evaluation of Smoking Among Young People Aged 15 – 20 Years in Turkey Using Bourdieu's Concepts

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## Main Points

- Our study demonstrated that the participants attributed symbolic meanings to smoking.
- The meaning attributed to smoking by youngsters was socially built within the context of their interactions in the social field.
- The decision mechanism of the youth about smoking is related to the social field in which the individual was born and raised.
- Preventive strategies should be developed considering the related social, cultural, and economic influences behind unhealthy consumption practices.

## Abstract

Smoking is becoming increasingly common among Turkish young people aged between 15 and 20 years despite the preventive measures taken to control this increase. The current study aimed to demonstrate the sociocultural meaning attributed to smoking behaviors. For this purpose, semistructured in-depth interviews with 27 smokers aged under 20 years and with one of their parents were conducted. Bourdieu's concepts were adopted to comprehend and thus get an overall perspective of the smoking practices among youth and sociocultural factors underlying cigarette use. In this study, participants had a smoking behavior that first emerged within the family and then was witnessed among the same-age peers and was found to influence the youngsters' perceptual categories and cognition structures regarding cigarettes. In addition, youngsters develop smoking behaviors to preserve their social capital and to gain social acceptance among their peers who have extensive cigarette use. They also use cigarette to get symbolic benefits, such as building a cool image. The conclusions of this study help us in understanding the relationship between smoking and lives, context, economic and cultural resources, and consumption practices within the family.

**Keywords:** Capital, field theory, habitus, playing the game, smoking, young people

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Received: April 7, 2022

Accepted: September 15, 2022

Publication Date:

December 19, 2022

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## Introduction

World Health Organization (WHO) (2020) indicates that "tobacco use" being responsible for 8 million deaths every year is the greatest global public health threat. The cigarette is the most used tobacco type in the world (85%) (World Health Organization, 2019b, p. 23). The deaths due to cigarette use majorly occur in low- and middle-income countries like Turkey in which 80% of all cigarette users live (World Health Organization, 2019a, p. 21; 2020).

Adolescent onset of smoking causes young people to continue their lives as smokers for many years (World Health Organization, 2019a, pp. 100-101). So, conducting studies on tobacco use among young people is vital for public health efforts to reduce cigarette consumption (World Health Organization, 2019b, p. 36). This study investigates cigarette use among youngsters living in the north of Turkey.

Since 2007, WHO has been supporting the countries that have implemented WHO's principles

**Cite this article as:** Sankır, Ş., Sankır, H., Çakır Kardeş, V., & Atasoy, N. (2022). A qualitative study: An evaluation of smoking among young people aged 15 – 20 years in Turkey using bourdieu's concepts. *Addicta: The Turkish Journal on Addictions*, 9(3), 233-240.

also known as MPOWER ([M] monitoring tobacco use; [P] protecting people from tobacco smoke; [O] offering help to quit tobacco smoking; [W] warning about the dangers of tobacco; [E] enforcing tobacco advertising; [P] promotion and sponsorship bans; [R] raising taxes on tobacco) demand reduction measures which target to keep the spread of cigarette use under control (World Health Organization, 2019b, p. 34). Turkey was one of the two countries that broadly adopted MPOWER measures (Republic of Turkey Ministry of Health, 2017, p. 9; Republic of Turkey Ministry of Health, Health Improvement General Directorate, 2016; World Health Organization, 2019a, p. 21). Despite various programs being carried out for controlling smoking behaviors both in Turkey and in the world, the progress is not steady in reducing cigarette use and varies according to age and some groups (WHO, 2019b). Köse and Özcebe (2017) carried out a secondary data analysis using the Turkish Statistical Institute's 2014 health research analysis which represented the whole country. They revealed that cigarette use was continuing to spread among Turkish youngsters between the ages of 15 and 24 years. These ratios indicate a necessity for understanding the sociocultural factors that influence the smoking preferences of youth and the context triggered by these factors. This study uses the Bourdieu's analogy of "playing the game" and concepts of field, habitus, and capital to examine these factors.

There are very few qualitative researches investigating cigarette use among young people in Turkey from a multidisciplinary perspective (Acarli & Kasap, 2014; Altay et al., 2014), and current studies are also indicated to remain insufficient (Göktalay et al., 2020). Our study focused on the sociocultural processes that had an influence on smoking behaviors to contribute to filling this gap in the literature. Bourdieu's concepts help us to implement preventive policies regarding the protection of society's health, to enlighten the practices of the youngsters in terms of addictive substances, like cigarettes, and also to understand the relationship between these practices and the individual's life, subjective experiences, economic and cultural resources, consumption practices within the family, and their own social networks.

#### **Cigarette Use in Young People and Social Theory of Bourdieu**

Smoking has an impact on society, economy, and environment (Zafeiridou et al., 2018), which brings additional costs to the economies of the countries through health expenditures and productivity loss (Goodchild et al., 2018). Smoking among youngsters and secondhand smoke exposure bring risks in the short and long term (World Health Organization (WHO), 2019a). The most severe of these risks is nicotine addiction which adversely affects the cardiovascular system and causes health problems, such as decreasing lung functions and breathing problems (Office on Smoking and Health, 2012).

The explanations regarding the factors that influence the youth smoking decisions are basically divided into individual, socio-demographic [place of residence (urban/rural), age, gender, and education level], economic, environmental, and social frameworks which emphasize the effects of healthy living practices (Alkan & Abar, 2019). Some studies reported that tobacco use was dependent on the relationship between the class-based lifestyles of the youngsters and the behaviors,

choices, and preferences of the agents (Cockerham, 2013; Gagné et al., 2015; Sæbø, 2017; Skrobanek & Kuglstatler, 2018). In addition, tobacco use among youngsters was also found to be due to social factors, such as employment difficulties that were linked to invisible discrimination, being around smokers, media (Criss et al., 2016; Poland et al., 2006), and personal reasons, such as peer effect with having motivations for deriving pleasure from smoking, seeking acceptance, and constructing an identity.

Bourdieu based the relationship between lifestyles and individual behaviors, tastes, choices, habits, and preferences on social position. Bourdieu (2014, pp. 255-57) declares that different life circumstances create the context of a different habitus, and the practices created by this habitus are the categories regarding the social world. Bourdieu refers to "habitus" as "the product of internalization" and he believes that "lifestyles are perceived schemes of the habitus" (2014, p. 255). Accordingly, tobacco use among youth in Turkey is in close relationship with their own cultural and social processes, the social field is different when compared to Western Societies, and studies on smoking behaviors should be carried out, particularly among Turkish youth.

#### **The Theoretical Framework**

Our study uses Bourdieu's concepts of habitus, capital, field, and analogy of "playing the game." Habitus is the space in which the agents are located (Bourdieu, 2006, p. 160). According to Bourdieu, agents have class-based tendencies; in other words, they have habitus. Habitus structures all the "objects" (alcohol, cigarettes, and cultural activities) that surround the individual and the groups (Bourdieu, 2014, p. 177). Bourdieu indicates that habitus produces strategies that are objectively adapted to objective situations; in other words, social behavior is directed by a practical sense called "a sense of the game." To him, "Actors act with their senses according to a practical sense which is the product of being constantly exposed to similar situations" (Bourdieu, 1981/2016a, p. 46).

For Bourdieu, habitus depends on the personal capital of the individuals. There are three main capitals: economic, cultural, and social. Cultural capital is composed of three types: objectified capital (cultural acquisitions), embodied capital (tendencies), and institutionalized capital (academic degrees) (Bourdieu, 1986, pp. 243-248). Economic capital consists of financial assets and savings. Social capital is, in short, the network of relationships (Bourdieu, 1981/2016a, p. 69). Symbolic capital is the combination of economic, cultural, and social capital. As analytical mediums, these concepts help us to explain the behaviors of the actor (Wacquant, 2016, p. 65).

Bourdieu's social theory has been used in the studies on addictive substances (Scott et al., 2017); however, the studies on cigarette use patterns among youth are limited (Haines et al., 2009; Gagné et al., 2015; Schori et al., 2014; Scheffels & Erik Lund, 2005). These studies separately used class, symbolic capital, cultural capital, and habitus to explain the smoking behaviors of the youth from different perspectives, such as identity and sociocultural differentiation. Our study uses the concepts of habitus, capital, field (Bourdieu & Wacquant, 2001/2016), and the analogy of "playing the game" to enlighten the sociocultural context of youth.

## Methods

### Settings

This study examined the part about the cigarette use of an extensive qualitative study carried out on the reasons for alcohol, cigarette, and substance use of youngsters. It was carried out in a province whose economy relies on mining and heavy industry in the north of Turkey. Also, in the report on the 2017 Global Youth Cigarette Survey Turkey, 7.7% of students aged 13–15 years have still been smoking. This rate is 5.4% on this site (General Directorate of Public Health, 2017).

### Sample and Data Collection Procedures

Qualitative studies aim to make a thorough or detailed investigation of a condition or situation rather than generalize it. So, purposeful sampling methods are preferred to define the study group in qualitative studies. The sample is predetermined regarding the identified aim or focus of the study (Punch, 2005). For this, a purposeful sampling method was used to reach out to young people who use different substances. Although this study comprised the use of different substances such as alcohol, cigarette, and drugs, the youngsters who were interviewed were all using cigarette, so the study only focused on smoking.

We interviewed 27 young people who consulted a psychiatric clinic for any reason and with one of their parents for the study. The participants were chosen according to the following criteria: (1) being under 20 years old, (2) birth province and residency were in the predetermined region, (3) using at least one of these substances: alcohol, cigarette, and drugs, and (4) using one of the related substances for at least 3 months.

In-depth face-to-face semistructured interviews were conducted with the participants and with one of their parents to better understand the sociocultural context of young smokers. The interviews with the participants took an average of 45 minutes and an average of 20 minutes with parents. All interviews were conducted on a one-to-one basis. An interview form was prepared with six different topics, including sociodemographic information, substance (alcohol, cigarette, or drugs) use, reasons for substance use, family, friends, and perception of risk. The topics of the interview carried out with parents were demographic data of the parents, substance use, daily life, familial relationships, and opinions about substance use. The interview with one of the parents allowed us to cross-check the data provided by the young people. Two authors (mainly first) actively conducted the interviews. The same authors interviewed the parents. Interviews were held separately. After interviewing the participants, one of the parents was interviewed. All participants were approached face-to-face, no young people approached for the interview refused to take part, and there were no dropouts during the interview process. Ethics committee approval was received for this study from the University Institutional Review Board reference number 518.

The researchers who were working in the clinics helped to conduct the interviews. No relationship between the interviewer and participants was established prior to the study. First, the potential participants were informed by the researchers in the clinic. Then, the interviews were carried out with the participants who gave consent to participate and to be recorded in the research. As a

part of informed consent, details about the interviewer's credentials, the goal of the interview, and reasons for carrying out the research were explained to all participants before the interviews. Later, these recordings were transcribed. The personal information of the participants was excluded. Personal names were not used to ensure confidentiality for the participants. Each participant was coded with different name.

### Data Analysis

The researchers listened to the recordings and checked the transcriptions. After then, the transcriptions were uploaded to the qualitative data analysis program called MAXQDA 12+ (VERBI Software, 2016) both in MS Word and in audio file formats. Thematic analysis was used in the coding and analysis of the data. The main issues like the role of the family, friends, and social relationships and themes were predetermined within the context of the study. In the analysis of data, Bourdieu's "playing the game" analogy and the concepts of habitus, field, and capital provided us with the first categories for a high level of abstraction. In the primary coding process of the thematic analysis, the answers of the participants were read line by line and categorized. Then, subcategories were formed based on the data in the main categories. In the secondary categorization process, the data coded in the main category were applied to these subcategories and presented in the related themes (Kuckartz, 2014, p. 72). This study aimed to explain the relationship among the habits, tendencies, practices and past experiences, and capitals of the young people who were located in the social field according to their economic and cultural capital and to demonstrate the youngsters' strategies of protecting and investing their capital by using Bourdieu's concepts. The researchers coded the data separately to protect the coding process. Later, they gathered, discussed the similarities and differences among the codes, and reached a consensus.

## Results

### Sociodemographical Data of the Participants

A total of 27 people aged between 14 and 20 years old were interviewed. Of all the participants, 52% ( $n = 14$ ) were males and 48% were females ( $n = 13$ ). Half of the participants (51.9%,  $n = 14$ ) resided in the center of the province, 33% ( $n = 9$ ) of the remaining resided in subprovinces, and 15% resided in villages. More than half of the participants (67%,  $n = 18$ ) were students and 33% ( $n = 9$ ) of the remaining graduated from high school or below. Three participants were working part-time as a waiter, construction worker, and delivery person during the summer holidays. Two female participants said that they were housewives. The highest level of education of all the parents was high school. Almost all mothers of the participants were housewives, and some fathers were miners, the others were skilled and semiskilled laborers. The sociodemographic information about the sample is shown in Table 1.

Among the participants, the age of onset for smoking was generally 14 years (26%,  $n = 7$ ) followed by 16 (22%,  $n = 6$ ), 13 (15%,  $n = 4$ ), 15 (11%,  $n = 3$ ), 17 (11%,  $n = 3$ ), 18 (7%,  $n = 2$ ), 11 (4%,  $n = 1$ ), and 12 years (4%,  $n = 1$ ), respectively. The daily cigarette consumption of the participants varied between two packs and three cigarettes. Ten participants consumed one pack in a day followed by participants consuming 10 and 5 cigarettes per day, respectively. The cigarette consumption of the remaining was

Table 1.  
*Sociodemographic Characteristics of Participants*

Characteristic	n		%	
Total	27			
Age	14 – 20			
Gender				
Male	14		52	
Female	13		48	
Residence				
Center of the province	14		52	
Subprovinces	9		33	
Villages	4		15	
Education status				
Student	18		67	
High school or below	9		33	
Parents' job				
	Father		Mother	
	n	%	n	%
Elementary occupations	10		37	
Laborers in mining and construction	13		48	
Sales and services elementary occupations	1		4	
Agricultural, fishery, and related laborers	3		11	
Manufacturing and transport			23	
Housewife			85	
Total	27		100%	
Parents' education				
	Father		Mother	
	n	%	n	%
Elementary school or below	8		30	
Secondary school	4		15	
High school	15		56	
Total	27		100	

as follows: 2 smoked 6 cigarettes, 2 smoked 1.5 packs, 2 smoked 2 packs (one pack includes 20 cigarettes), 1 smoked 3 cigarettes, and 1 smoked 8 cigarettes per day. Most of the participants ( $n = 20$ ) indicated that they obtained their first cigarette from their friends.

#### Cigarette Use, Family Habitus, and Unhealthy Consumption Behaviors

Of all the parents of the participants, the majority ( $n = 21$ ) were regular smokers (at least one parent from each family). Family habitus is the key factor in the thoughts, attitudes, and behaviors of young smokers toward smoking. The dialogues below are remarkable in enlightening the unhealthy consumption practices in the relationships of parents and their children and in showing the critical impact of the parents on the smoking behaviors of the youth.

M: My dad smokes, his sister smokes, her husband smokes, my youngest and eldest paternal uncles smoke, my aunt, and my maternal uncle smoke, too.

I: Do you think you became acquainted with smoking because of this situation?

M: They have a little effect, too. I think, since you don't think it is a good thing, you shouldn't have smoked by our side since our childhood. You shouldn't have shown us. (Mehmet, M, 15 years)

The parents have been smoking since the participants were born which means the participants learn the rules of the game by observation. The youngsters learn how to access cigarettes, smoke, and consume cigarettes by observing their parents. The familiarity with smoking that starts within the family continues with smoking among friends.

I live with my family for years. Of course, I know the price of the cigarette and how to smoke, how to hold it, my mom and dad are smoking but I never thought of smoking because of them. I thought my friends were smoking, ok, my mom and dad were smoking too. That made me think that it was a good thing. I mean by "good"; it is only good for a short while. I thought what would I lose? (Duru, F, 17 years)

Some participants ( $n = 10$ ) talked about being directly influenced by the parent's cigarette usage. They also talked about the impact of the following factors on their cigarette use: regular smoking behavior of at least one parent, being exposed to smoke since childhood, and smelling the cigarette.

I believe my dad has been effective. My dad has always been smoking. Then, my mom started to smoke slowly, but I started smoking before my mom. As time goes by, my smoking increased. (Eymen, M, 17 years)

Bourdieu (1979/2015) defines the habitus as "structured structures but also structuring structures." According to Bourdieu, the individual is born with a defined structure. In other words, the individuals are social subjects and since birth, they have been living in sociocultural structures and having the categories of perception and classification schemes of that structure. As can be seen in the above interviews, the respondents learned that smoking was a consumption practice by firstly observing their smoking parents and then their smoking friends who were in their social networks. Within this context, the individuals observed their families in a structured field where they personally learned how to obtain and smoke cigarettes through socializing in a smoking family. Besides, the youngsters' categories of perception were also structured by this structure. Although the individual was told about the harmful effects of cigarette on people, regular use of cigarette by a parent made the youngster think that cigarette was a smokable, preferable thing and sometime later, it became the youngster's habitus, as well.

#### Smoking, Being Valued, Social Capital, and Game Theory

Participants indicated that they had many smoking friends, and almost all of them obtained their first cigarette from their friends. The people who the individual values and has deep relationships within the individual's social network also have a different social position, role, and importance in the actor's social world. So, the actions of the valued actor have an influence on the individual's perception, perspective, or acceptance of this

action to different degrees. Also, the actions of the valued actor shape the youngster's perceptions of legitimacy. So, the onset of smoking behaviors among participants was immensely influenced by cigarette use among friends from whom the individuals were seeking social acceptance.

My friends are smoking by my side. Friends are really effective. We go to the course, and after the course, they treat me one, that is why I smoked. I wouldn't have smoked if they hadn't treated me. I would never have started, as well. Because I don't think I can find it by myself, I mean, I couldn't do it. (Ada, F, 14 years)

Social acceptance was observed in two ways among our study participants. In one of them, some of the participants were encouraged to smoke by their peers included in their social capital; these participants had direct social pressure. Some other participants had indirect peer pressure. Indirect peer pressure was observed to be divided into two groups. The participants in these two groups differed from each other regarding the characteristics of the relationships with their friends. The participants in the first group had good relationships with their friends and were invited to social gatherings, while the participants in the second group were not.

The participants in the first group ( $n = 8$ ) who had indirect pressure from their peers for smoking were able to go to social meetings with their friends; however, they claimed that they smoked with motivations, such as "to sit beside their friends," "to fit themselves into the environment," "to join in the conversation," "not to feel isolated," "not to look strange," "to be like them," and "to keep up with them." Below are the examples of the participants who experienced indirect peer pressure on smoking and how the participants protected their social capital by gaining social acceptance by adopting the practices of their peers.

A: They were smoking when hanging out, I wasn't. That was ruining the vibe.

I: Ruining? Do you really think that way? Do you believe they agree with that?

A: That was like... For example, we were like 4 – 5 people, everyone was smoking. They were trying to protect me from smoke, I also was going further from the smoke. After, they called me to chat. I told them that it was ok, go on and I stay here. Now and then I was going by their side and smoking in order not to be excluded. Then, I started smoking like that. (Aras, M, 20 years)

The participants in the second group ( $n = 2$ ) who had indirect pressure from their peers to smoke told us that they also started to smoke for joining social gatherings. These participants were detected to start smoking with the motivations of being included in a group of friends and being socially accepted. Below is an example of the participants' fear of losing their social capital, not being accepted into the group, being excluded if they did not smoke, and the indirect social pressure that they faced among their peers.

A: For example, in my class, there are smokers and nonsmokers. Smokers are gathering all together as a group. When I started to hang out with them, I started to smoke with them.

I: Were you being invited to the gatherings?

A: When they are going out, for example, weekends, they call me, too... I thought like that. If I smoke, I can hang out with them. They would accept me...and it happened... (Arya, F, 17 years).

Some participants ( $n = 9$ ) had direct pressure related to smoking from their peers. These participants mentioned both verbal and behavioral peer influence on them smoking. Below are two conversations carried out with a female and a male participant. These quotations from the participants' speeches enlighten the extent of direct social pressure that the participants experienced and how they adopted the peer group norms.

I think I was scared of being constantly humiliated among friends. When you don't smoke, you will think that your friends will call you wimpy and say, "you cannot even smoke." That was how I started but really, no one needs that kind of stuff. (Defne, F, 15 years)

You know when we are with them, they say "I will give you one." And when you say no, "Oh boy, come on, take one. Aren't you going to smoke when you grow up, anyway? "Nothing will happen if you smoke one, it is ok." I started smoking just like that. I thought nothing will happen if I don't want to smoke anymore, also I couldn't refuse when they offered. (Kuzey, M, 17 years)

Social acceptance is related to the legitimacy of the field dynamics and the rules. Although the individuals cannot copy the smoking behavior in the social environments with which they are deeply connected, they should at least seem as if they have accepted the behavioral practices regarding smoking. Therefore, the individual achieves to stay in the game and the field; in other words, he obtains social acceptance. The field has its own dynamics according to Bourdieu's theory. To Bourdieu, the practical sense is the result of a specific social game and the best player is the one who acts according to the requirements of the game (Bourdieu, 2014, p. 110). The dynamics in the field constitute the rules of the game. The individuals legitimize the activities that were presented according to the dynamics in the field. Each rule of each game seems legitimate for those who play these games. Those who do not legitimize the dynamics are excluded from the game as they would not be accepting the rules of the game. For most participants ( $n = 23$ ), peer acceptance was vital. That is, the individuals adopted the related behavioral practices and kept their social capital with the motivation of not contradicting the group and becoming "the other."

### Smoking, Symbolic Capital (Having Status), and Creating a Popular Image

Symbolic capital refers to the concepts of social recognition and prestige (Jourdain & Naulin, 2016, p. 107). The cigarette is relatively cheaper and easier to consume when compared to alcohol, and some participants coming from families with low economic and cultural capital use smoking for adding value to their behaviors. They were actually investing in their symbolic capitals by believing that their peers were seeing them as adults and that they became popular compared to nonsmokers. Some participants claimed that their friends found them flashy and cool when they smoked. These participants believed that they were known as popular among



peers, and they distinguished themselves from the nonsmokers. Below is an example of their thoughts on how valued they felt, how famous they became, and how they differentiated themselves.

When you smoke, you weirdly feel so popular. You think, well I am a grown-up now. You think of yourself as popular those times, look at me I am smoking now, you say. (Zeynep, F, 17 years)

## Discussion

### Limitations and Directions/Suggestions for Future Research

There are limited qualitative studies carried out among youngsters under 20 years on smoking in Turkey. The relations revealed in this study were also similar to other studies in terms of their findings (Marron, 2017; Poland et al., 2006). The sociocultural environment of the youngsters and all the social relations in the field constituted the structure as in Bourdieu's theory. In this environment, tobacco use, which first started within the family and then continued to be witnessed among friends, structured not only the preferences and tendencies of the youngsters but also the perceptions, attitudes, and behaviors regarding smoking (Haines et al., 2009). Afterwards, while smoking behaviors develop among intensely smoking peers and not to lose their social capital which was an important factor in getting social acceptance, youngsters develop smoking behaviors to gain symbolic profits, such as creating a cool image and having status.

Many studies in different disciplines demonstrate the direct and indirect effects of the family's cultural capital (Hashemi et al., 2018; Poland et al., 2006; Sychareun et al., 2018) and the family's use of an addictive substance, like the cigarette, on children's use of this substance (Andreas, 2018; Bailey et al., 2018; Bailey et al., 2011; Hill et al., 2015; Kose & Ozcebe, 2017; Leonardi-Bee et al., 2011). The findings of our study are compatible with previous findings in the literature regarding the impact of the family's smoking practices on their children. In our study, family appeared to be the first environment where the values regarding smoking were internalized. The youngsters who lived with at least one smoking parent observed the cigarette, recognized it, and referred to it as a smokable substance during the process of socialization. The youngsters also gained information on the economic value, consumption, and how to obtain the cigarette primarily within the family. They also became familiar with cigarettes. This familiarity continued among friends who also smoked. In habitus, Bourdieu refers to the initial social processes in which external structures are internalized. To him, internalized tendencies develop during the socialization processes among a specific group regarding the limitations that show what is possible and impossible. This also creates the practices that are corresponding to the structuring features of the first socialization (Swartz, 2015). Living with at least one smoking parent was effective in the smoking initiation of some of the participants in this study. Cigarette use became the habitus of these participants in a family with at least one smoking parent. For these participants, the smoking parent unintentionally played a role in the reproduction of the system by regularly smoking (recreation of certain practices for that group by habitus) (Bourdieu & Passeron, 1964/2015). A similar finding was observed in a study by Haines et al. (2009). In their study, young women with smoking family members also had smoking practices, and they normalized the situation.

The findings of our study support the studies that enlighten the relationship between cigarette use of youngsters and their social networks (Kirke, 2004; Köse & Özcebe, 2017; Leonardi-Bee et al., 2011; Liu et al., 2017; O'Loughlin et al., 2009). In these studies, peer behaviors (smoking) were shown to be critical risk factors associated with the initiation and continuation of smoking during adolescence. The age at smoking onset was 14 in study participants. They usually smoked while associating with their friends. Therefore, smoking areas were schools, places of entertainment, social venues, and home. Almost all the participants' friends were smoking. The participants were seeing and witnessed the cigarette use of the people that they were in close contact and whom they care; this influenced their schemes of perception, evaluation, and action regarding smoking. They internalized the norms of their peers and legitimated their behaviors. Here, habitus explains the situation. Bourdieu claims that habitus consists of the individual's perception, evaluation, and action schemes that the individual unintentionally internalizes and adopts within different socialization fields (such as a high school in adulthood). Besides, individuals tend to preserve their acquired tendencies so long as their sociocultural environment does not drastically change (Jourdain & Naulin, 2016, pp. 42-43).

Studies investigating peer pressure on youngsters regarding cigarette use discuss that smoking peers form a smoking norm by both deliberately and unintentionally putting pressure on their nonsmoking peers (Kobus, 2003; Liu et al., 2017; Quintero & Davis, 2002; Simons-Morton & Farhat, 2010). In this study, the participants' answers regarding their smoking initiation demonstrated that a major number of participants were smoking in order not to lose their social capital (Fletcher & Bonell, 2013), and thus, they made a symbolic profit by gaining peer acceptance. In this regard, some participants smoked because they felt indirect pressure. Some participants in this group smoked with various motivations, such as not feeling awkward, joining in the conversation, and keeping up with their peers even though they had good relations with their peers and did not feel any direct pressure about smoking. Some other participants in this group indicated that they could not previously participate in the peer gatherings, and they were only accepted after they adopted the same practices, like smoking. Some participants smoked because they faced direct peer pressure. According to Bourdieu, the actors' adaptation to the rules depends on the benefits that they obtain, in other words, on opportunities created by situations (Swartz, 2015, p. 143), and the rules are only obligatory for those who are ready to play the game by the rules (Bourdieu, 1987/2014, p. 111).

One of the most prominent perspectives of the studies of youth smoking is the symbolic meaning attributed to smoking (Haines et al., 2009; Quintero & Davis, 2002; Scheffels & Erik Lund, 2005). These studies discussed the individuals who built identity by differentiating themselves over symbolic meanings attributed to smoking. Bourdieu says that social prestige in modern societies is one of the forms of symbolic capital that individuals try to preserve and increase (Jourdain & Naulin, 2016, p. 109). In our study, smoking was being used by some youngsters as a tool to invest in their symbolic capital. Smoking made these participants look cool by distinguishing them from the others. In this context, young smokers can be directed to various sports activities as well as artistic and cultural activities such as painting, ceramics,

marbling, photography, chess, book, and reading clubs, in order to eliminate the meaning that young people ascribe to cigarettes and the practice of smoking. In this way, first of all, the place and importance of smoking in the lives of these young people can be reduced. Then, the symbolic meaning that young people ascribe to cigarettes may change over time. Thus, young people who smoke can have the opportunity to see that they can overcome the gap in their lives or some deficiencies, such as being accepted in social activities, with more permanent and improving activities instead of filling them with cigarettes. For all these activities, youth centers located in provinces and districts, which have an organized and institutional structure (operating under the Republic of Turkey Ministry of Youth and Sports), can be used as physical, social, and cultural areas.

This study has limitations. The present study was conducted in a region densely populated by the working class. This situation might be different in cosmopolitan cities. Besides, the families of all youngsters included in this study had low economic and cultural resources. Further studies are needed to investigate the social environments of youngsters coming from families that have different economic and cultural resources.

This study enlightened the smoking behaviors of youngsters who had a specific social and cultural capital in Turkey. Our study demonstrated that the participants attributed symbolic meanings to smoking. This situation conflicted with the values of society and the families regarding smoking; however, it was considerably associated with parent behavior because at least one parent of most of the participants was reported to smoke regularly. So, the meaning attributed to smoking by youngsters could not be evaluated as positive or negative, it rather was socially built within the context of their interactions in the social field. Besides, tobacco use had negative meanings for family, school, and authority; however, the youngsters were smoking for various motivations, such as adapting to the social environment and obtaining prestige. As a result, the decision mechanism of the youth about smoking is related to the social field in which the individual was born and raised. Thus, preventive strategies should be developed considering the related social, cultural, and economic influences (Bourdieu, 1986) behind these unhealthy consumption practices.

**Ethics Committee Approval:** Ethical committee approval was received from the Ethics Committee of Zonguldak Bülent Ecevit University (approval no.: 518).

**Informed Consent:** Written informed consent was obtained from all participants who participated in this study.

**Peer-review:** Externally peer-reviewed.

**Author Contributions:** Concept – Ş.S., H.S., V.Ç.K., N.A.; Design – Ş.S., H.S., V.Ç.K., N.A.; Supervision – Ş.S., H.S., V.Ç.K., N.A.; Materials – Ş.S., H.S., V.Ç.K., N.A.; Data Collection and/or Processing – Ş.S., H.S., V.Ç.K., N.A.; Analysis and/or Interpretation – Ş.S., H.S., V.Ç.K., N.A.; Literature Review – Ş.S., H.S.; Writing – Ş.S., H.S., V.Ç.K., N.A.; Critical Review – Ş.S., H.S., V.Ç.K., N.A.

**Acknowledgments:** We would like to express our special thanks to all the participants for participating in our study and for their sincere answers. In addition, we would like to thank the research assistants of the Psychiatry Department of ZBEUN for the transcription of some files.

**Declaration of Interests:** The authors have no conflicts of interest to declare.

**Funding:** The authors declared that this study has received no financial support.

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